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BIRCH, STEWART, KOLASCH & BIRCH, P. 22148

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050 ATTORNEY DOCKET NO. 3494-0104PUS1

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## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

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	(Application Number)	(Filing Date)	(Status - patented	(Status - patented, pending, abandoned)	
Application(s):	(Application Number)	(Filing Date)	(Status - patented	d, pending, abandone	d)
Insert Prior U.S.	I hereby claim the benefit under Title 35, Un part application(s) listed below and, insofar a and/or PCT application in the manner provicinformation which is material to the patental filing date of the prior application and the na	s the subject matter of each of led by the first paragraph of pility as defined in Title 37, 0	of the claims of this application is not discl Title 35, United States Code, §112, I ack Code of Federal Regulations, §1.56 which	losed in the prior U mowledge the duty	nited States to disclose
Insert Requested Information:	Country	A	pplication Number Date	of Filing (Month /	Day/Year)
	All Foreign Applications, if any, for any the Filing Date of this Application:	Patent or Inventor's Certif	ficate Filed more than 12 months (6 r	months for design	s) Prior to
	(Application Number)			(Filing Date)	
Insert Provisional Application(s): ■ if any)	I hereby claim the benefit under Title 35, U  (Application Number)		or any United States provisional approx	(Filing Date)	
	(Number)	(Country)	(Month / Day / Year Filed)	Yes	No
	(Number)	(Country)	(Month / Day / Year Filed)	Yes	No
	(Number)	(Country)	(Month / Day / Year Filed)	Yes	No
if appropriate)	(Number)	(Country)	(Month / Day / Year Filed)	Yes	No
Insert Priority	Prior Foreign Application(s)			Priority	Claimed
	or inventor's certificate listed below and a filing date before that of the application	have also identified below		inventor's certific	tor paten cate having
	thereof, or patented or described in any p prior to this application, that the same wa application, that the invention has not be application in any country foreign to the l more than twelve months (six months for on this invention has been filed in any corepresentatives or assigns, except as follows:	rinted publication in any of some some of the some of	country before my or our invention the in the United States of America mo subject of an inventor's certificate is on an application filed by me or my leg lication, and that no application for paied States of America prior to this application for paied States of America prior to the subject of the subject	nereof or more the re than one year passed before the cal representative atent or inventor's plication by me of	an one yea orior to thi late of thi s or assign s certificate or my lega
	I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56.  I do not know and do not believe the same was ever known or used in the United States of America before my or our invention				
	by any amendment referred to above.		f the above identified specification, incl		
Attached:	amended on		(if applicable)		
	International Application Numb		; and was		
Without Specification	the specification was filed on				
For Use 📫	and amended on		( if a		
Fill in Appropriate information -	the specification was filed on United States Application Numl			as	•
	the specifications of which is attached hereto and/or the following:	. If not attached hereto, the	application is identified by the attorney do		
nsert Title: 📫					

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Atty Docket No. 3494-0104PUS1

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

PLEASE NOTE: YOU MUST BIRCH, STEWART, KOLASCH & BIRCH, LLP

or CUSTOMER NO. 02292

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FOLLOWING:						
Full Name of First or Sole Inventor:	GIVEN NAME FAMILY NAME	INVENTOR'S SIGNATURE	DATE*			
Insert Name of Inventor Insert Date This Document is Signed	Máté HIDVÉGI	AWAM	22.12.2004			
Insert Residence	Residence (City, State & Country)	1 - 7	TIZENSHIP			
Insert Citizenship		Budapest, HU HUX	Hungarian			
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Inventor, if any:	<u>Á</u> kos RESET <u>Á</u> R		22.12.2004			
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	Attila út 29 H-1013 Budapest, HU HUX					
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see above	Residence (City, State & Country)	CIT	IZENSHIP			
	MAILING ADDRESS (Complete Street Address inc	luding City, State & Country)				
Full Name of Fourth	GIVEN NAME FAMILY NAME	INVENTOR'S SIGNATURE	DATE*			
Inventor, if any		1				
see above	Residence (City, State & Country)	CIT	IZENSHIP			
		1				
	MAILING ADDRESS (Complete Street Address including City, State & Country)					
Full Name of Fifth Inventor, if any	GIVEN NAME FAMILY NAME	INVENTOR'S SIGNATURE	DATE.			
inventor, it taly		1				
see above	Residence (City, State & Country)	CIT	IZENSHIP			
	MAILING ADDRESS (Complete Street Address including City, State & Country)					
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